



DOCUMENT MANAGEMENT PORTAL

Phase I

Claim Attachments and Consents

What is DMP?

- The Document Management Portal (DMP) provides a browser-based interface to perform various tasks pertaining to submission of documents to Michigan Medicaid.
- In Phase 1 of implementation DMP will be integrated within CHAMPS. Users will be able to access DMP functionality directly through CHAMPS interface only.
- DMP will be authenticated via the State's Single Sign-On system (SSO).

What is DMP? (cont'd)

- By directly accessing the DMP, providers will be able to submit Medicaid documents that may or may not be related to claims.
- Users accessing the DMP will be able to:
 - Submit support documents.
 - Submit documents for authorization and approval.
 - Send and receive messages pertaining to submitted documents.
 - View documents and associated correspondence history.



What is DMP? (cont'd)

- Directly upload documents.
- Create cover sheets and fax documents.
- Search existing documents that have been uploaded.
- View documents notifications in CHAMPS.
- Have messaging capabilities.
- Receive notifications when documents are approved.

The background of the slide features a light gray grid pattern. Overlaid on this grid are several flowing, wavy lines in shades of blue and teal. These lines originate from the top left, curve across the top, and then sweep down towards the bottom right corner, creating a sense of dynamic movement.

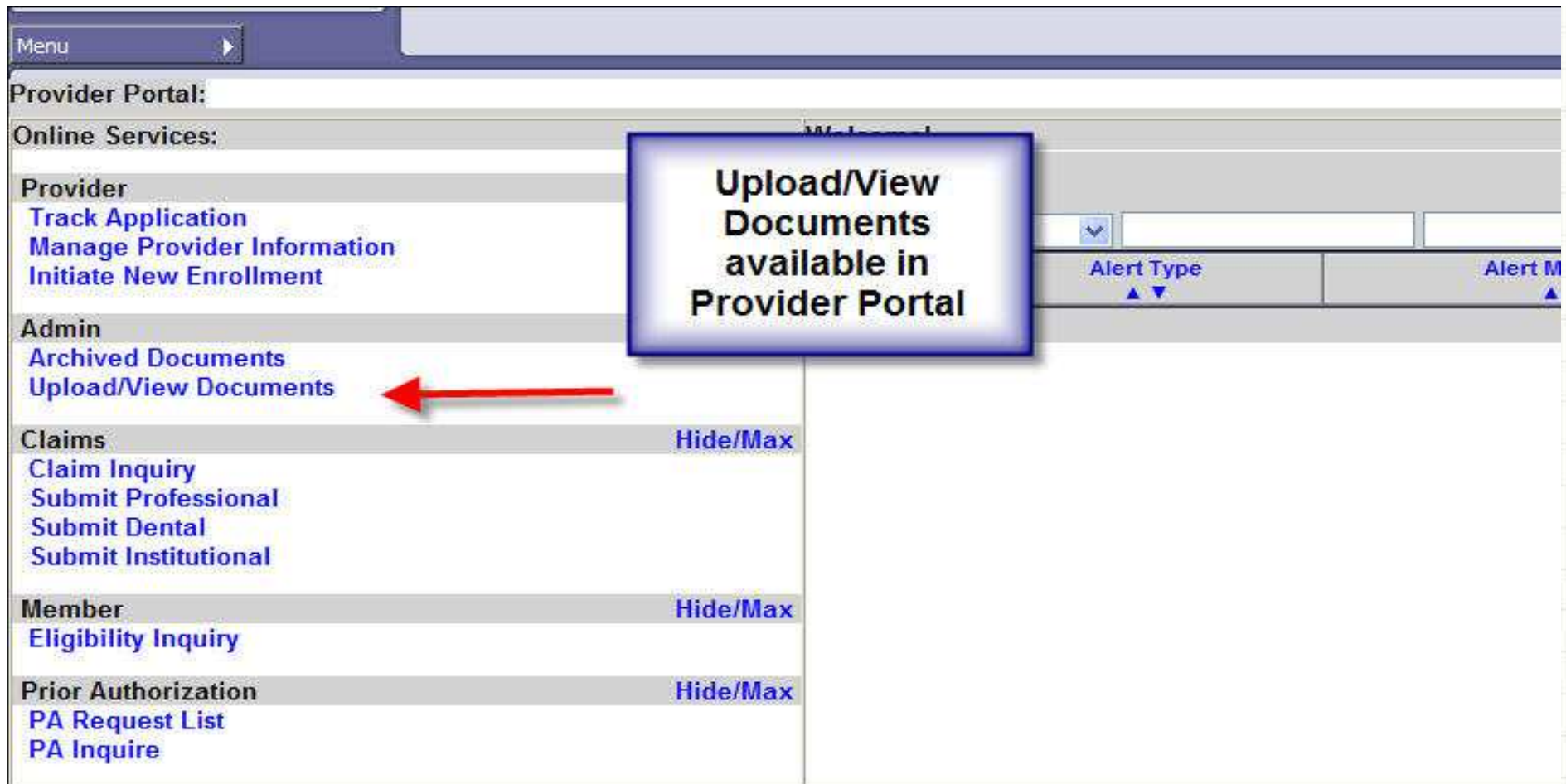
How to access DMP



Phase I

Access Points

- CHAMPS Provider Portal
- CHAMPS Direct Data Entry
- CHAMPS Manage/Adjust Claim



CHAMPS PROVIDER PORTAL

Click on UPLOAD/VIEW Documents and DMP will launch in a different window. You can work in DMP and CHAMPS simultaneously. DMP remains open until you close out.

Menu

Provider Portal:

Online Services:

Provider

Track Application

Manage Provider Information

Initiate New Enrollment

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Submit Professional

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PA Request List

PA Inquire

Page ID: pgProviderPortal(Provider)



Document Management Portal

Thursday, January 9, 2014

uatsg1u9999

Return to CHAMPS

Search Documents

Document Upload

Messages

FAX Cover Sheet

Documents Search

Document Type : Select

Document Title :

TCN :

Status : Select

Sender Name :

Sender Phone :

NPI :

Beneficiary ID :

Date of Service From :

Date of Service To :

Loaded On :

Include History :

Search

Clear

DMP will open a new window when you click Upload/View Documents.
There are tabs at the top of the page that are used to navigate features in DMP.



Search Documents in DMP

[Search Documents](#) | [Document Upload](#) | [Messages](#) | [FAX Cover Sheet](#)

Documents Search

Document Type :	<input type="text" value="Select"/>	Document Title :	<input type="text" value="v"/>
TCN :	<input type="text"/>	Status :	<input type="text" value="Select"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text" value="REDACTED"/>	Beneficiary ID :	<input type="text"/>
Date of Service From :	<input type="text"/>	Date of Service To :	<input type="text"/>
Loaded On :	<input type="text"/>	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/>		<input type="button" value="Clear"/>	

When DMP is launched, your NPI is prepopulated. Any documents you have loaded in the past will be shown at the bottom. Search for documents by entering different data in the search fields. If no date is entered then the last 100 documents in history based on upload date will display.

**Tip: Search by beneficiary ID*



[Search Documents](#) | [Document Upload](#) | [Messages](#) | [FAX Cover Sheet](#)

Documents Search

Document Type :	<input type="text" value="Consents"/>	Document Title :	<input type="text" value="Select"/>
TCN :	<input type="text"/>	Status :	<input type="text" value="Select"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text" value="Hysterectomy Form"/>
NPI :	<input type="text" value=""/>	Beneficiary ID :	<input type="text" value="Voluntary Sterilization Form"/>
Date of Service From :	<input type="text" value=""/> <input type="button" value="Calendar"/>	Date of Service To :	<input type="text" value=""/> <input type="button" value="Calendar"/>
Loaded On :	<input type="text" value=""/> <input type="button" value="Calendar"/>	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/>		<input type="button" value="Clear"/>	

Search Results

There are 2 options for Document Type: Consents or Claims

If Consents are selected you have 2 selections available for Document Title.

- Hysterectomy Form
- Voluntary Sterilization Form

Documents Search




Document Type :	<input type="text" value="Claim"/>	Document Title :	<input type="text" value="Select"/>
TCN :	<input type="text"/>	Status :	<input type="text" value="Select"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text" value="123456789"/>	Beneficiary ID :	<input type="text"/>
Date of Service From :	<input type="text"/>	Date of Service To :	<input type="text"/>
Loaded On :	<input type="text"/>	Include History :	<input type="text"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/>			

Search Results

If Document Type selected is CLAIM you have multiple options for Document Title

- See Drop down above

Documents Search

Document Type :	<input type="text" value="Claim"/>	Document Title :	<input type="text" value="Forms"/>
TCN :	<input type="text" value="3111111111111000"/>	Status :	<input type="text" value="Select"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text" value="1616670071"/>	Beneficiary ID :	<input type="text"/>
Date of Service From :	<input type="text"/> 	Date of Service To :	<input type="text"/> 
Loaded On :	<input type="text"/> 	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/>			

When searching by TCN the Header TCN must be entered (must end in 000).

All search filters MUST match documents in history or search will not yield any results.

Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text"/>	Beneficiary ID :	<input type="text" value="1234567890"/>
Date of Service From :	<input type="text"/>	Date of Service To :	<input type="text"/>
Loaded On :	<input type="text"/>	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/>		<input type="button" value="Clear"/>	

Search Results

Show 10 entries

Search:

Document Title	Document Type	TCN	NPI	Beneficiary Id	Date Of Service From	Loaded On	Status	View Message	Send Message
Approved Letter	Letter	-	1316938327; 1811044878; 1144262122; 1780657718	1234567890	-	2013-12-03 01:16:57 PM	-	-	-
Forms	Claim	122222222222222222	1316938327; 1811044878; 1144262122; 1780657718	1234567890	01/22/2013	2013-12-03 09:11:52 AM	-		
Hysterectomy Form	Consents	233333333333333333	1316938327; 1811044878; 1144262122; 1780657718	1234567890	02/14/2013	2013-12-03 09:11:52 AM	Approved		
Other	Claim	344444444444444444	1316938327; 1811044878; 1144262122; 1780657718	1234567890	03/13/2013	2013-12-03 09:11:52 AM	-		

Example above searched by BENE ID. As you can see multiple NPI's were loaded for these documents.

Search results will be listed at the bottom of the screen in sortable fields.

Click on the Document Title hyperlink to bring up document.

Click VIEW Message Icon to see messages associated with the document.

Click SEND Message Icon to send a message regarding this document.



[Search Documents](#) | [Document Upload](#) | [Messages](#) | [FAX Cover Sheet](#)

Documents Search

Document Type :	<input type="text" value="Select"/>	Document Title :	<input type="text" value="v"/>
TCN :	<input type="text"/>	Status :	<input type="text" value="Select"/>
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	1811044878	Beneficiary ID :	<input type="text"/>
Date of Service From :	<input type="text"/> <input type="text" value="v"/>	Date of Service To :	<input type="text" value="Select"/>
Loaded On :	<input type="text"/> <input type="text" value="v"/>	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/>			

Search Results

Show entries

Searching by STATUS.

Status indicator shows you what status the document is in: approved, hold, rejected, or currently in review/Process.

Document Type :	Consents	Document Title :	Select
TCN :	<input type="text"/>	Status :	Select
Sender Name :	<input type="text"/>	Sender Phone :	<input type="text"/>
NPI :	<input type="text"/>	Beneficiary ID :	0012345678
Date of Service From :	<input type="text"/>	Date of Service To :	<input type="text"/>
Loaded On :	<input type="text"/>	Include History :	<input type="checkbox"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/>			

Search Results

Show 10 entries

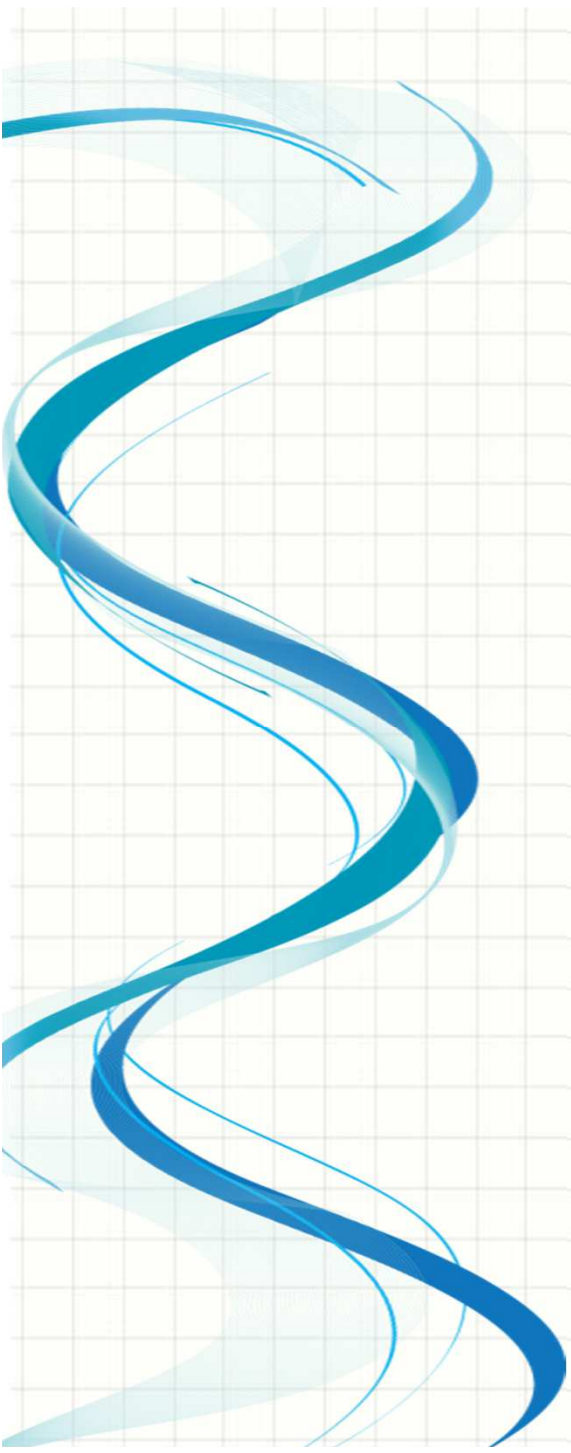
Search:

Document Title	Document Type	TCN	NPI	Beneficiary Id	Date Of Service From	Loaded On	Status	View Message	Send Message
Hysterectomy Form	Consents	311330510022942000	1234567899	0012345678	01/21/2014	2014-01-21 01:45:03 PM	Review/Process		
Hysterectomy Form	Consents	-	1234656778	0012345678	-	2014-01-16 09:47:21 AM	Review/Process		
Hysterectomy Form	Consents	-	1444459999	0012345678	-	2014-01-13 08:29:13 AM	Review/Process		

Showing 1 to 3 of 3 entries

Previous Next

You can search status of a CONSENT by searching Beneficiary ID and Document TYPE= CONSENTS.



Upload Documents

Search Documents | **Document Upload** | Messages | FAX Cover Sheet |

Document Upload

Instructions..

- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.

* Beneficiary ID :	<input type="text" value="0012345678"/>	* NPI :	<input type="text" value="1444599999"/>
* Beneficiary First Name :	<input type="text" value="John"/>	Beneficiary Last Name	<input type="text" value="Wayne"/>
* Sender Name :	<input type="text" value="Tina Jones"/>	* Sender Phone :	<input type="text" value="(517) 555-1414"/>

No of documents to upload :


Document Type *	Document Title *	Date of Service From *	Date of Service To	TCN *	Message	Attach*
<input type="text" value="Select"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>

Select DOCUMENT UPLOAD from top menu bar.

Guidelines for uploading documents are highlighted.

Enter required information that is marked with an asterisk (*).

You can share documents across different NPI's.

No of documents to upload : 5 

Document Type *	Document Title *	Date of Service From *	Date of Service To	TCN *	Message	Attach*
Consents	Hysterectomy Form				PUT NOTE REGARDING UPLOAD IF DESIRED	<input type="text"/> Browse...
Claim	Forms	06/18/2013	06/18/2013	321020000000020000		<input type="text"/> Browse...
Consents	Voluntary Sterilization Form					<input type="text"/> Browse...
Claim	Medical Documentation					<input type="text"/> Browse...
Claim	Predictive Modeling	01/01/2013	01/01/2013	3211212121210000		<input type="text"/> Browse...

The example above shows that 5 documents are selected to upload.

Options can be changed on each line.

Document Type and Title entered here will be used to search documents once uploaded.

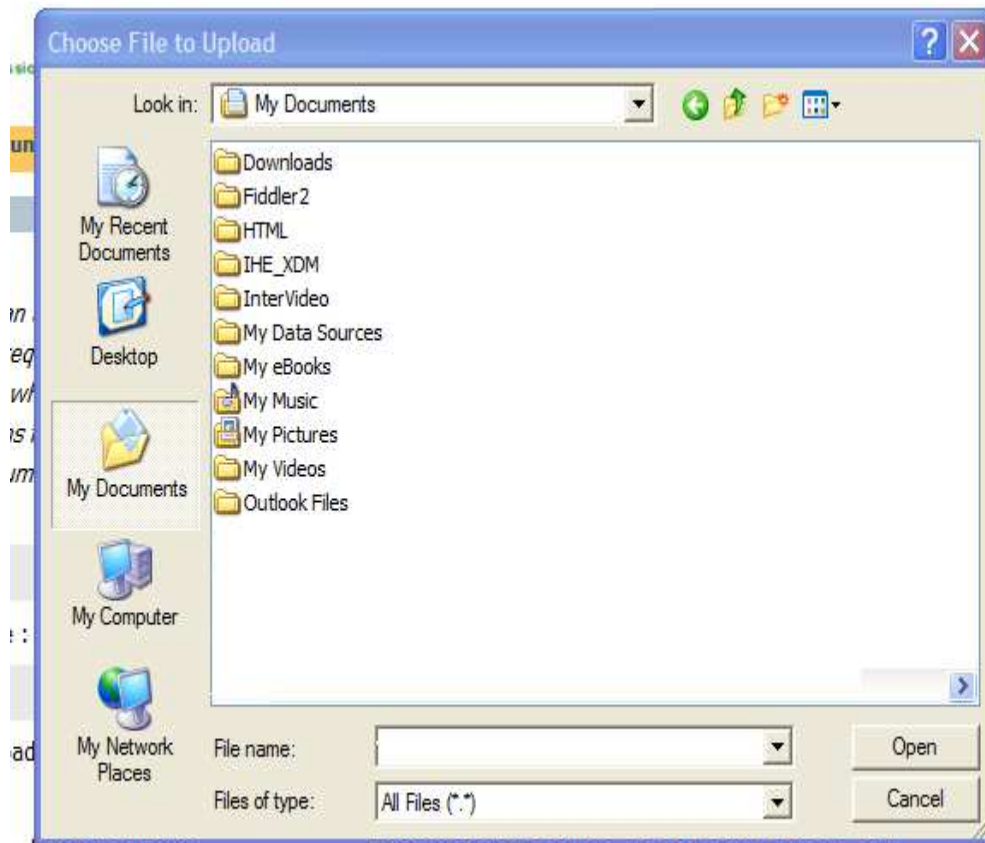
Once the document is uploaded under a TCN, it will automatically be attached to the TCN and Beneficiary ID added to this screen.

Only TCN's that are listed in CHAMPS as IN PROCESS or SUSPENDED are eligible to attach a document to in DMP.

If you do not have an IN PROCESS or SUSPENDED TCN you can still upload documents to the beneficiary ID.

To connect an electronic claim with documentation submitted through the DMP, when the TCN is not known, the following notation must be included in the Claim Note area:

Documents sent via DMP



Document title	Date of Service From	Date of Service To	ICN	Message	Attach*
Medical Documentation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>

After all information is filled in CLICK BROWSE
It will launch the file upload box.

Select the location where your file is stored and click on file. It will populate in
FILENAME box. Once file is selected click OPEN.
Then CLICK SUBMIT.


Document Upload

Instructions..

- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon.
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg,

* Beneficiary ID :	<input type="text"/>	* NF	<input type="text"/>
* Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name	<input type="text"/>
* Sender Name :	<input type="text"/>	* Sender Phone :	<input type="text"/>
No of documents to upload :	1 <input type="button" value="v"/>		

Once document is submitted the DMP screen will flash.
Upload Successful pop up will display.
Upload is complete.
Click OK.



CHAMPS New claim submission

Menu

Close Submit Claim Save as Template Reset

Professional Claim:

Note: Asterisks (*) denote required fields.

Basic Claim Info:

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: [REDACTED] * Type: NPI

Address Line 1: [REDACTED] * Address Line 2: [REDACTED]
(Enter Street Address or PO Box Only)

Address Line 3: [REDACTED] City/State/Zip: [REDACTED]

State/Province: MICHIGAN * Country: UNITED STATES *

Is the Billing Location also the Service Facility Location? ☐ Yes ☐ No

Is the Billing Provider also the Rendering Provider? ☐ Yes ☐ No

RENDERING PROVIDER

Provider ID: [REDACTED] * Type: [REDACTED] * Taxonomy Code: [REDACTED]

Is the Billing Provider also the Supervising Provider? ☐ Yes ☐ No

Is this service the result of a referral? ☐ Yes ☐ No

Is this service the result of a Primary Care Referral? ☐ Yes ☐ No

Submitted Professional Claim Details:

TCN: 211400910000012000

Billing Provider ID: [REDACTED]

Billing Provider Name: [REDACTED]

Beneficiary ID: [REDACTED]

Beneficiary Name: [REDACTED]

Date of Service: 12/25/2011

Total Claim Charge: \$525.00

Total Number of Lines: 1

[Upload Documents](#) [Print](#) [Close](#)

Page ID: dlgSubmitProfessionalClaimsFinal(Claims)

Done Trusted sites 100%

After filling out all the necessary information to enter a claim in CHAMPS direct data entry (DDE) click SUBMIT CLAIM and you will receive a pop up box (as normal).

The pop up box now contains a new link that says **UPLOAD DOCUMENT**. Click the UPLOAD DOCUMENT link to launch the DMP portal.

Document Upload

Instructions..

- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.

* Beneficiary ID :	<input type="text" value="0012255557"/>	* NPI :	<input type="text" value="1234567890"/>
* Beneficiary First Name :	<input type="text" value="John"/>	Beneficiary Last Name	<input type="text" value="Wayne"/>
* Sender Name :	<input type="text" value="Tina Jones"/>	* Sender Phone :	<input type="text"/>

No of documents to upload :

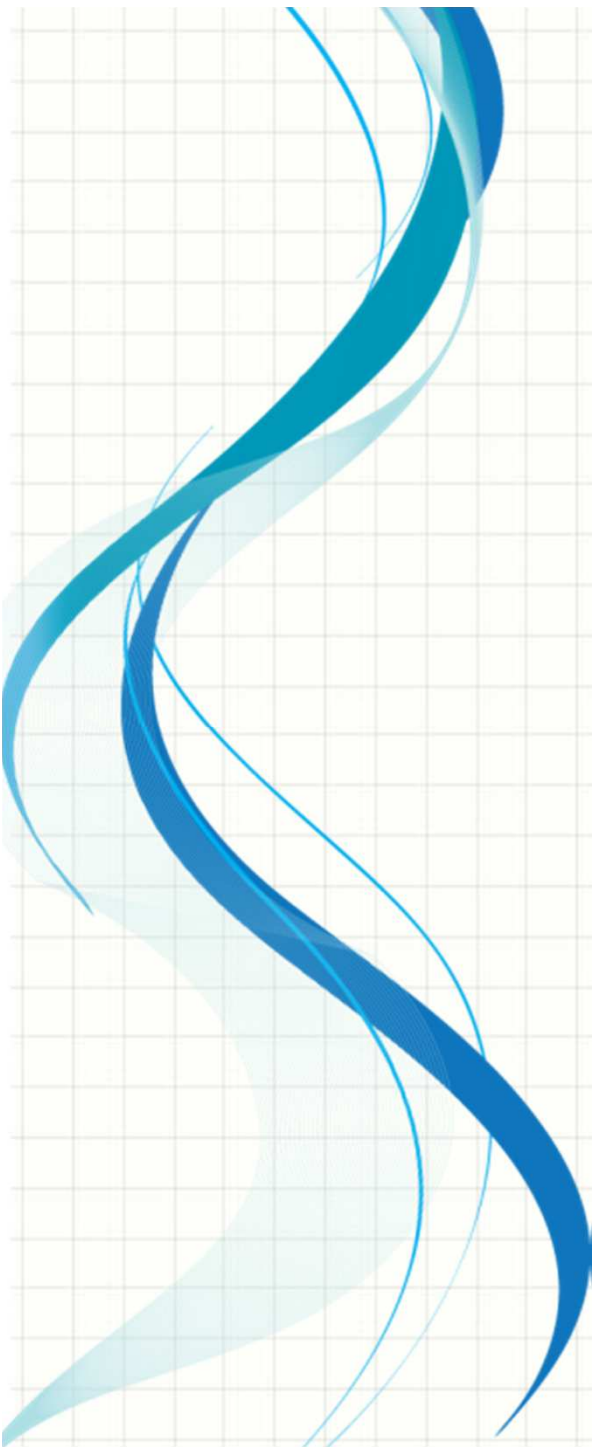
Document Type *	Document Title *	Date of Service From *	Date of Service To	TCN *	Message	Attach*
<input type="text" value="Select"/>	<input type="text"/>	<input type="text" value="12/25/2011"/>	<input type="text" value="12/25/2011"/>	<input type="text" value="21140091000000012000"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>

The DMP will launch in a separate window and information from claim will be prepopulated.

You have the ability to make changes at this point and to add a message.

You can only update documents to a TCN that is IN PROCESS or SUSPENDED.

Follow previous Document Upload instructions from this point.



CHAMPS Claim Adjustment

Menu ▶

Close

Choose an Option:

Claim Submission	Claim Submission
Manage Claims	Manage Claims
Inquire Claims	Inquire Claims
RA List	RA List

From CLAIMS menu
Select Manage Claims

Close

Choose an Option:

Adjust/Void Claim Provider	Adjust/Void Claim Provider
----------------------------	----------------------------

Path: Provider Portal/ Search Templates/ Provider Portal/ Provider Portal/ Inquire Claims

Menu ▶

Close

Adjust Claims:

TCN:





Select Adjust/Void Claim
Provider

Enter Header TCN to
be adjusted

Name: [REDACTED]

Show: ---SELECT---

Erroneous Data
▲ ▼


Upload/View Documents  0  0  

Source: HIPAA
Claim Status: Paid
Commercial: N

First Name: [REDACTED]
Age:
Admit Date:

Pay To Provider ID: [REDACTED] Type: NPI
Referring Provider ID: [REDACTED] Type: NPI Taxonomy:
Primary Care Referring Provider ID: Type: Taxonomy:
CLIA Number:

Approved Amount: \$24.17
Paid Date: 2013-07-03 00:00:00











Adjust Void Save Cancel

Make any and all changes to the claim that are necessary.

Hit SAVE .

Hitting save creates a new TCN. You can see the TCN change at the top of the page. Please Note the NEW TCN. You must hit SAVE for DMP to attach to the correct TCN.

Name: [REDACTED]		  	
		Show:	---SELECT---
Erroneous Data ▲ ▼			
	<input type="button" value="Upload/View Documents"/>	 0	 0  
		Source: HIPAA Claim Status: Suspended Commercial: N	
		First Name: [REDACTED] Age: 55 Admit Date:	

Click UPLOAD/VIEW documents button to add document.
The DMP will launch in a separate window.

Document Upload

Instructions..

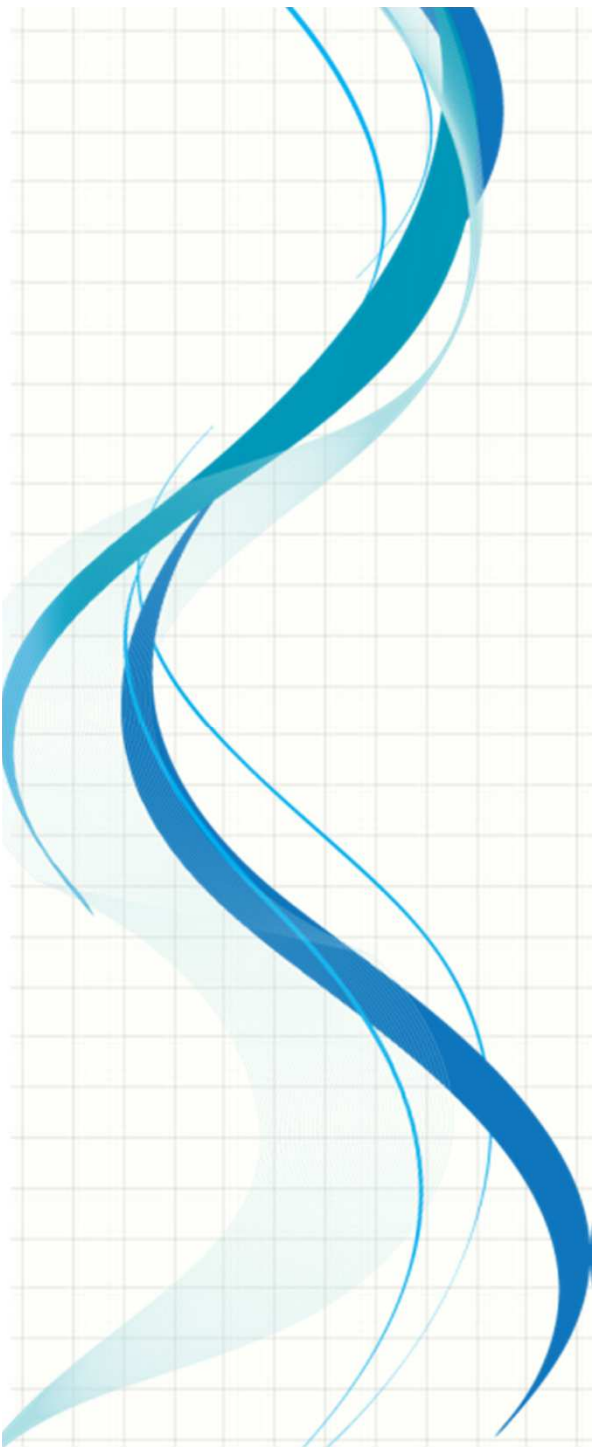
- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.

* Beneficiary ID :	<input type="text" value="198765498"/>	* NPI :	<input type="text" value="1234567890"/>
* Beneficiary First Name :	<input type="text" value="John"/>	Beneficiary Last Name	<input type="text" value="Wayne"/>
* Sender Name :	<input type="text" value="Tina"/>	* Sender Phone :	<input type="text"/>
No of documents to upload :	<input type="text" value="1"/>		

Document Type *	Document Title *	Date of Service From *	Date of Service To *	TCN *	Message	Attach *
<input type="text" value="Select"/>	<input type="text"/>	<input type="text" value="12/11/2013"/>	<input type="text" value="12/11/2013"/>	<input type="text" value="311335310000000000"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>
<input type="button" value="Submit"/> <input type="button" value="Clear"/>						

Information from the claim in CHAMPS will be prepopulated in DMP . Verify the information is correct, and fill in remaining areas.

Follow previous Document Upload instructions from this point.



Submit Fax



Submit Fax

- You MUST create a new FAX cover sheet for each document submission.
- Re-using the same fax cover sheet will result in the documents being attached to an incorrect beneficiary and/or claim and the possibility of your claim(s) being rejected.

Menu

Provider Portal:

Online Services:

Provider

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[Manage Provider Information](#)
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Admin

[Archived Documents](#)
[Upload/View Documents](#)

**Upload/View
Documents
available in
Provider Portal**

Alert Type

Alert M

Claims

Hide/Max

[Claim Inquiry](#)
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[Submit Dental](#)
[Submit Institutional](#)

Member

Hide/Max

[Eligibility Inquiry](#)

Prior Authorization

Hide/Max

[PA Request List](#)
[PA Inquire](#)



[Search Documents](#) | [Document Upload](#) | [Messages](#) | **FAX Cover Sheet**

FAX Cover Sheet

* Beneficiary ID :

* NPI :

* Document Type :

* Document Title :

TCN :

* Date of Service :

* Sender Name :

* Sender Fax :

* Sender Phone :

Select FAX COVER SHEET from top of DMP page.



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FAX Cover Sheet

* Beneficiary ID :	<input type="text" value="0123456789"/>
* NPI :	<input type="text" value="1234567890"/>
* Document Type :	<input type="text" value="Claim"/>
* Document Title :	<input type="text" value="Select"/>
* TCN :	<input type="text" value="Select"/>
* Date of Service :	<input type="text" value="Select"/>
* Sender Name :	<input type="text" value="Select"/>
* Sender Fax :	<input type="text" value="Select"/>
* Sender Phone :	<input type="text" value="Select"/>

Fill in all information regarding the documentation and click SUBMIT

A FAX COVER sheet will launch in a new window.

You must create a NEW cover sheet for each documentation submission to DMP.



The BARCODE is created and used to store the PHI on the previous screen.

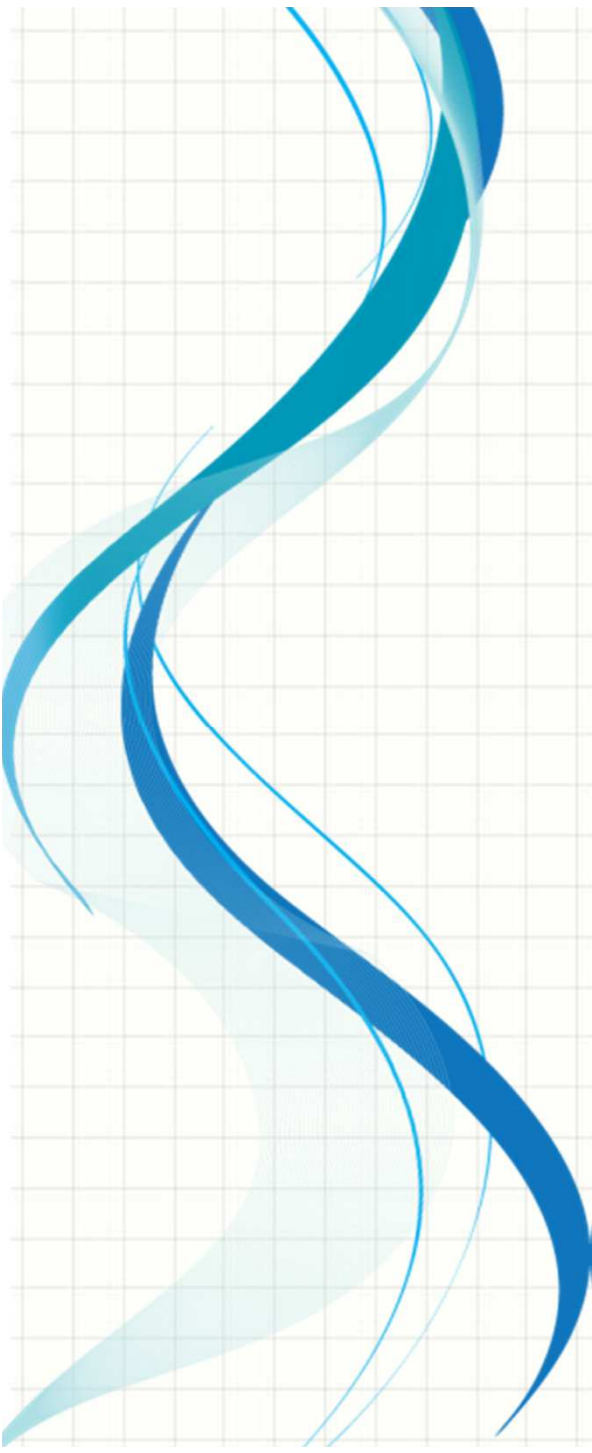
Print out FAX cover and attach to documents.

Send Fax to appropriate number listed on the cover sheet.

Add note to claim:
Documents sent via DMP

Allow 1 business day for document to be attached.

 ONLINE FAX COVER SHEET	
Consent Forms Approval Area Fax Number : 855-452-3353	
Institutional Claim Documentation Review Area Fax Number : 855-452-3354	
Predictive Modelling Claim Documentation Review Area Fax Number : 855-452-3356	
Professional/Dental Claim Documentation Review Area Fax Number : 855-452-3355	
FAX Control Number	:  OF20140113000008
Beneficiary ID	: 0123456789
NPI	: 1234567890
TCN	:
Document Type	: Claim
Document Title	: Forms
Date of Service	: 06/18/2013
Sender Name	: Tina Jones
Sender Fax	: 517-555-4141
Sender Phone	: 517-555-1444
<hr/> Any Questions, call MDCH Provider Inquiry: 1-800-292-2550 Fax # 1(855) 452-3353 <small>CONFIDENTIALITY NOTICE: The transmitted documents are intended only for the use of the individual or entity named under "TO:" above. This may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, distribution or copying, or</small>	



Messages



Messaging

- DMP has messaging capability.
- These messages will be attached to the document they are submitted under.
- You will receive an EMAIL notification when you have a new Message in your DMP message box.
 - The email notification will be sent to the email address that is attached to your single sign on (SSO) login.
 - Please add our email address to your address book so the email doesn't delete the notification or add to SPAM or JUNK mail.









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User Messages

Show entries

Search:


Received On	Beneficiary Id	To	From	Subject	Status
2013-12-18 02:35:30 PM 	9879384753	uatsg1u9999	ra[REDACTED]70	Requisition Status	Read
2013-12-18 02:34:42 PM 	9879384753	uatsg1u9999	ra[REDACTED]70	Requisition Status	UnRead
2013-12-16 03:11:37 PM 	9347958794	uatsg1u9999	vi[REDACTED]	Requisition Status	Read
2013-12-16 02:57:33 PM 	7453242423	uatsg1u9999	b[REDACTED]	Requisition Status	Read
2013-12-09 11:42:48 AM 	6457364565	uatsg1u9999	b[REDACTED]	Test	Read
2013-12-09 09:08:12 AM 	6457364565	uatsg1u9999	b[REDACTED]	Test	Read

Showing 11 to 20 of 21 entries

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Select the MESSAGES tab at the top of the DMP Portal.

Messages that are sent to your SSO login ID will be stored in this area.

To view message click on the Message indicator 

If there is a new message in your box, DMP will generate a generic email alerting you to the email address attached to your Single Sign On (SSO).

Status will show UnRead for new messages.



[Search Documents](#) | [Document Upload](#) | [Messages](#) | [FAX Cover Sheet](#)

User Message :

Beneficiary Id :	9879384753
Beneficiary First Name :	John
Beneficiary Last Name :	Smith
NPI :	9473847583
TCN :	-
Document Title :	Hysterectomy Form
Document Type :	Consents
From :	rathinama3270
To :	uatsg1u9999
Subject :	Requisition Status
Message :	The decision letter has been generated. Please click on View Document.

[Ok](#)

[View Document](#)

[Reply](#)

You can view the MESSAGE notations here.

Once in the message you have the options to REPLY to sender and VIEW document associated with the message.

Clicking OK takes you back to the Messages Screen.

250 Character limit.



Icons in CHAMPS

New ICONS display in CHAMPS if there are documents or messages attached to the TCN .







The NOTE icon displays if documents are attached to the TCN.



The ENVELOPE shows if there are messages related to the TCN.

To see the documents /Messages attached you must click UPLOAD/View Documents.

<input type="button" value="Upload/View Documents"/>		 0	 0		
Claim Type: F - Outpatient OPPS		Source: Web			
No of Lines: 2		Related Cause: <input type="text" value="NO"/>			
Medicare: N		Commercial: N			
Pricing Rule: APC Pricing		Claim Status: Paid			
Last Name:	<input type="text"/>	First Name:		<input type="text" value="TANYA"/>	
DOB:	<input type="text" value="11/08/1984"/> *	Age:		<input type="text" value="28"/>	
Medical Record Number:	<input type="text" value="0351818"/>				
From Date:	<input type="text" value="09/12/2013"/> *	To Date:		<input type="text" value="09/12/2013"/> *	
Referral #:	<input type="text"/>		PRO #: <input type="text"/>		
Auth #:	<input type="text"/>		DRG Code: <input type="text"/>		



Provider Relations

If you need additional assistance please contact
Provider Support

Phone: 1-800-292-2550

Email: providersupport@michigan.gov

www.michigan.gov/medicaidproviders